

**SPECTRUM AND FREQUENCY OF PEDIATRIC
ILLNESS PRESENTING TO A GENERAL
PEDIATRIC HOSPITAL EMERGENCY ROOM**

THESIS

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M.Sc. Degree in **PEDIATRICS***

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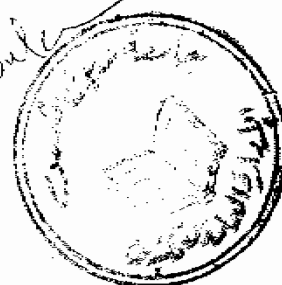
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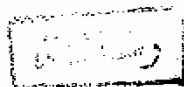
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To my family

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List of Abbreviations

BUN	Blood urea nitrogen
CAT	Computerized Axial tomography
CNS	Central Nervous System
CPR	Cardio pulmonary resuscitation
CSF	Cerebro spinal Fluid
DIC	Disseminated intravascular coagulation
DKA	Diabetic keto acidosis
ECG	Electro cardio gram
EEG	Electro encephalo gram
F.B	Foreign body
GE	Gastro enteritis
GER	General emergency room
GIT	Gastro intestinal tract
G-6-PD	Glucose-6-phosphate dehydrogenase
Ig	Immuno globulin
LRI	Lower respiratory infection
ORS	Oral rehydration solution
PER	Pediatric emergency room
RBCs	Red blood cells
RDS	Respiratory distress syndrome
RSV	Respiratory syncytial virus
RTI	Respiratory tract infection.
SGOT	Serum Glutamic oxaloacetic transaminase
UCB	Unconjugated bilirubin
URI	Upper respiratory infection
WBCs	White blood cells

Introduction

Knowledge of the range of pediatric illness presenting to a pediatric emergency room (PER) is needed to optimize the quality of care delivered there.

A wide variety of pediatric diagnoses are seen requiring the use of diagnostic skills and procedures spanning all major pediatric specialities in patients as young as 0 day old (**Losek et al., 1986**).

When powerful technologies to improve and save the lives of children are already available and when new methods in biotechnology develop new and important improved vaccines, drugs, and diagnostic agents this promises great opportunities for global health advancement (**Demissie; 1990**).

Aim of the Work

The purpose of this study is to shed some light and describe the pediatric population serviced by the pediatric emergency room (PER).

Our specific goals are to describe the study group in terms of age, sex, time of arrival, seasonal variations, time elapsed and medications taken before seeking medical care, diagnosis, and disposition.

Part I

Review of Literature

Review of Literature

Introduction :

Children account for one third of the more than 80 million emergency department visits made each year in the United States.

The majority of these children present to one of the 5000 general emergency departments staffed by physicians with training in emergency medicine. The remaining visits are made to the approximately 60 pediatric emergency departments, which are usually staffed by pediatric residents along with pediatricians and/or pediatric emergency medicine specialists.

The most common pediatric emergencies presenting to the pediatric emergency department in the United States are trauma, upper respiratory tract infections, other infections, bronchial asthma, viral croup, gastroenteritis, abdominal pain, dermatitis, seizures, poisoning, miscellaneous, and allergy (**Losek et al., 1986**).

The most important pediatric emergencies presenting to the PER are illustrated in table (1).

Table (1):The most important pediatric illnesses presenting to the pediatric emergency room (PER) (Holbrook, 1988).

System affected	Pediatric illnesses
(1) Respiratory	Croup, bronchiolitis, pneumonia, status asthmaticus, pneumothorax, pulmonary edema, pleural effusion, and respiratory failure
(2) Cardiac	Shock, cyanosis, heart failure, pericardial effusion, hypertensive encephalopathy, rheumatic carditis, and infective endocarditis
(3) Gastrointestinal	Gastroenteritis with or without dehydration, acute abdomen (appendicitis, intussusception, peritonitis, and obstructive hernia), viral hepatitis, hematemesis, and liver cell failure
(4) Renal	Acute renal failure, chronic renal failure, renal colic, and hypertensive encephalopathy
(5) Central nervous system	Convulsions, coma, and congenital anomalies.
(6) Endocrinal	Diabetic ketosis, hypoglycemia, and Addisonian crisis.
(7) Hematology	Acute hemolytic crisis, and bleeding (thrombocytopenia, DIC, and haemophilia).